STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175542	A. BUILDING _____ B. WING _____	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED HEALTH CARE OF OVERLAND PARK	4700 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66207

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS00078397, #KS00082487, and #KS00088192.	S 000		
S 970 SS=F	26-40-302 (g)(i)(ii)(iii) P E - Nursing facility support systems (G) If a nursing facility uses a wireless system to meet the requirements of paragraphs (i)(1)(A) through (E), all of the following additional requirements shall be met: (i) The nursing facility shall be equipped with a system that records activated calls. (ii) A signal unanswered for a designated period of time, but not more than every three minutes, shall repeat and also be sent to another workstation or to staff that were not designated to receive the original call. (iii) Each wireless system shall utilize radio frequencies that do not interfere with or disrupt pacemakers, defibrillators, and any other medical equipment and that receive only signals initiated from the manufacturer ' s system. This Requirement is not met as evidenced by: 26-40-303 (G) (i) (ii) The facility reported a census of 29 residents. Based on observation, interview, and record review the facility failed to ensure the wireless system recorded activated calls and signaled unanswered calls for 2 of 2 halls.	S 970		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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S 970	Continued From Page 1 Findings Included: - On 9/16/2015 at 1:30 P.M. the following call lights did not transmit to the pager system: Hall 1: Room 101 bed and bathroom Room 103 bed and bathroom Room 104 bathroom Hall 2: Room 134 bed and bathroom Room 135 bed and bathroom During an interview on 9/16/2015 at 1:35 P.M. direct care staff R stated the pagers did not always work and some call lights came through the pager while others did not. He/she stated when in the dining room or another resident's room, he/she was not aware of which call lights were activated. During an interview on 9/16/2015 at 1:43 P.M. administrative staff A staff stated pagers were not checked during call light monitoring and confirmed the pager system did not function consistently. During an interview on 9/16/2015 at 1:43 P.M. administrative staff A stated the facility did not have a policy regarding call light maintenance. The facility failed to ensure the wireless system recorded activated calls and signaled unanswered calls.	S 970		
S 974 SS=F	26-40-302 (2)(a)(i)(ii)(iii) P E - Door monitoring system (2) Door monitoring system. The nursing facility shall have an electrical monitoring system on each door that exits the nursing	S 974		

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S 974	Continued From Page 2 facility and is available to residents. The monitoring system shall alert staff when the door has been opened by a resident who should not leave the nursing facility unless accompanied by staff or other responsible person. (A) Each door to the following areas that is available to residents shall be electronically monitored: (i) The exterior of the nursing facility, including enclosed outdoor areas; (ii) interior doors of the nursing facility that open into another type of adult care home if the exit doors from that adult care home are not monitored; and (iii) any area of the building that is not licensed as an adult care home. This Requirement is not met as evidenced by: 26-40-302-(2) (A)(i) The facility reported a census of 29 residents. Based on observation, interview, and record review the facility failed to ensure the exterior door monitoring system functioned properly. Findings Included: - During an observation on 9/15/2015 at 10:08 A.M. the exit door at the end of Hall 1 did not audibly alarm when opened. - During an observation on 9/16/2015 at 8:16 A.M. an unsampled confused resident wandered into 2 resident's room, went through belongings,	S 974		

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S 974	Continued From Page 3 and was escorted to his/her own room by staff. Review of the unsampled resident's admission assessment dated 9/15/2015 documented the resident had impaired safety awareness. During an interview on 9/16/2015 at 8:29 A.M. licensed nursing staff N sated the unsampled resident admitted to the facility on 9/15/2015 and he/she had dementia (memory loss), was confused, and should not be in 2 other resident rooms. During an observation on 9/16/2015 at 9:00 A.M. the exit doors located next to the common bathrooms did not audibly alarm when opened. During an observation on 9/16/2015 at 9:25 A.M. the therapy exit door did not audibly alarm when opened. During an interview on 9/15/2015 at 10:09 A.M. administrative nursing staff D stated the facility needed to replace batteries and the facility did not have a maintenance department. He/she stated administration delegated maintenance issues to various staff including him/her. During an interview on 9/15/2015 at 10:54 A.M. administrative staff A stated the facility did not admit resident's at risk for elopement and if a resident became confused the family or facility provided a one on one sitter. Staff A said the facility did not have logs to confirm staff monitored the exit doors consistently. During an interview on 9/16/2015 at 7:00 A.M. administrative staff A stated the exit door was designed to alert the pagers and he/she expected staff to check on the alert. Observation of a CNA	S 974		

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S 974	Continued From Page 4 (certified nursing assistant) pager revealed the alarm did not alert his/her pager. The facility reported there was no policy for exit door monitoring. The facility failed to monitor and ensure a functioning door monitoring system was in place for all exterior doors of the facility.	S 974		